STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

November 21, 1994

ALL-COUNTY LETTER NO. 94-100

Reason for this Transmittal	
[ ]	State Law Change
[ ]	Federal Law or Regulation Change
[ ]	Court Order
[ ]	Clarification Requested by One or More Counties
[X]	Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY TCC COORDINATORS

SUBJECT: TRANSITIONAL CHILD CARE PROGRAM - FORMS REVISIONS

REFERENCE: Manual of Policies and Procedures (MPP) Section 47-100
This letter also contains information updating the AFDC Notice of Action Handbook.

This letter transmits revised forms and Notices of Action (NOAs) for use in the Transitional Child Care (TCC) Program. These forms and NOAs were revised due to the conversion of the TCC Program onto the Statewide Automated Welfare System (SAWS) and to assist counties in complying with recent changes in the Federal reporting requirements for Title IV-A Child Care Programs. The forms and NOAs included in this letter replace those previously issued in All-County Letters and All-County Information Notices. All changes were reviewed by the Eligibility and Grant Technical Review Team (TRT), a sub-committee of the County Welfare Director's Association (CWDA).

ATTACHMENT I includes a summary of all of the TCC forms and provides photocopies of the English versions of the following forms:

TCC 1 Application for Transitional Child Care (TCC) Benefits (Long Form)

TCC 1A Application for Transitional Child Care (TCC) Benefits (Short Form)

TCC 43 Request for Transitional Child Care (TCC) Payment

TCC 85 Transitional Child Care (TCC) Status Report

These forms are currently being translated into the five standard languages and upon completion will be forwarded under separate cover by the Language Services Bureau.

ATTACHMENT II includes a summary of all TCC NOAs and provides photocopies of all of the NOAs and the NOA Messages.

To obtain a camera-ready copy of the English and/or Spanish versions of any forms and/or NOAs, telephone or write to:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
(916) 657-1907/ATSS 437-1907

To obtain a camera-ready copy of the Cambodian, Chinese, Lao or Vietnamese translations of any forms and/or NOAs, telephone or write to:

CDSS Language Services Bureau
744 P Street, MS 9-024
Sacramento, CA 95814
(916) 654-1282/ATSS 464-1282

We remind counties that the TCC 1 and TCC 1A forms are required but substitutes are permitted with prior CDSS approval. The TCC 43 and TCC 85 are both recommended forms. We recommend counties begin using the enclosed TCC forms and NOAs no later than December 1, 1994 to ensure statewide conformity.

If you have any comments or questions, please contact Ms. Jan DeSilva of the Child Care Programs Section in the Employment Programs Bureau at (916) 654-1768.

MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Enclosures

c: CWDA

ATTACHMENT I

SUMMARY OF THE TCC FORMS

The following is a list of all forms (including the most recent revision date) currently used in the TCC Program. However, this letter only includes copies of the TCC 1, TCC 1A, TCC 43, and TCC 85. To obtain copies of the other forms listed below, follow the instructions on Page 1 and 2 of this letter.

TCC 1	(6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Long Form)
TCC 1A	(6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Short Form)
TCC 11	(7/93)	You May Get Money To Help Pay Part of Your Child Care (TCC Stuffer)
TCC 12	(7/93)	Inter-County Transfer (ICT) Reminder - Recipient Moves To a New County
TCC 13	(7/93)	Do You Need Help Paying for Your Child Care? (TCC Information Sheet)
TCC 30	(11/91)	Transitional Child Care Worksheet
TCC 30A	(11/90)	Family Fee Computation Worksheet
TCC 43	(6/94)	Request for Transitional Child Care (TCC) Payment
TCC 83	(7/90)	Transitional Child Care (TCC) Repayment Agreement
TCC 84	(9/90)	Transitional Child Care (TCC) Overpayment Report
TCC 85	(6/94)	Transitional Child Care (TCC) Status Report
MC 176 TMC/TCC	(4/90)	Transitional Medi-Cal (TMC)/Transitional Child Care (TCC) Status Report (Quarterly)

The following is a summary of the changes to the TCC 1, TCC 1A, TCC 43 and TCC 85:

TCC 1 - APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS (Long Form)
TCC 1A - APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS (Short Form)

- Both coversheets have been modified for clarity and accuracy.
- Item 2 on the TCC 1 and Item 1 on the TCC 1A have been expanded to request information about each child's care provider to allow counties determine both the payment limit and the amount of the family fee at the time of application.

- Item 5 on the TCC 1 and Item 3 on the TCC 1A have been expanded to request more complete information regarding the TCC family's earned income.

- Item 6 on the prior TCC 1 and Item 4 on the prior TCC 1A which asked information about health insurance coverage have been deleted because county staff indicated that though it was originally included for Transitional Medi-Cal purposes, the information provided was not being used. Additionally, this information is already requested on the Request for Transitional Medi-Cal (TMC) form.

TCC 43 - REQUEST FOR TRANSITIONAL CHILD CARE (TCC) PAYMENT

PART A - To be completed by the recipient:

- Item 2 has been expanded to allow more space to provide the number of hours worked per week.

- Item 3 has been inserted to determine whether the recipient is requesting to have his/her Family Fee refigured.

- Item 4 (formerly Item 3) has been expanded to request the child's birthdate to assist the worker when to change the rate ceiling due to a child turning 2 or 6 years old and to discontinue TCC benefits due to a child turning 13 years old. In addition, a column has been added to request the amount owed.

- Item 5 (formerly Item 4) has been modified because the information is provided directly by the child care provider in PART B.

- Item 6 has been inserted to determine whether the recipient is requesting an advance payment.

- Item 7 (formerly Item 5) has been modified for recipient understanding.

- Various elements under the recipient's Certification have been modified to increase program integrity and to be consistent with the certifications used in other Title IV-A child care programs.

PART B - To be completed by the child care provider:

- Items 1 - 4 have been expanded to request necessary information from the child care provider to assist counties in determining the provider's eligibility for payment, the appropriate rate ceiling, and the appropriate TCC payment. In addition, the requested information will assist counties to complete the Title IV-A Child Care Monthly Statistical Report, Form ACF 115, as required in All-County Letter (ACL) No. 94-52 dated June 21, 1994.

- Item 5 has been inserted to determine whether the recipient owes any family fees to the provider.

- Various elements of the provider's Certification has been modified to increase program integrity and to be consistent with the cerifications used in other Title IV-A child care programs.

TCC 85 - TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

This Status Report was developed from the MC 176 TMC/TCC (4/90) which was a status report used for both the Transitional Medi-Cal (TMC) and Transitional Child Care (TCC) programs. Counties that are not administering their TMC and TCC programs from the same location have requested this separate TCC-specific form. If a county chooses not to use the MC 175 TMC/TCC form, the TCC 85 must be used to obtain the necessary information to redetermine the family fee amount during the last six months of TCC eligibility pursuant to the Manual of Policy and Procedures (MPP) Section 47-175.2.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
  - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for a child in your home who gets Supplemental Security Income (SSI) or Foster Care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid if the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS (CONTINUED)

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request in TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS

INSTRUCTIONS: ***If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of earnings and hours worked.***

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your family fee will be.

If you need help or have questions, ask the TCC Worker.

COUNTY USE ONLY

DATE RECEIVED:

WRITTEN REQUEST:

VERBAL REQUEST:

Case Number

AFDC Disc. Code:

Approved ☐ Denied ☐

Start Date:

End Date:

Reason for Denial:

TCC Worker:

Supervisor:

APPLICANT'S NAME (FIRST, MIDDLE, LAST) | BIRTHDATE | SOCIAL SECURITY NUMBER — —

HOME ADDRESS NUMBER STREET CITY STATE ZIP CODE

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO CHILD(REN)

CITIZENSHIP/IMMIGRATION STATUS

☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

☐ AFDC Received 3 out of last 6 months

☐ Former GAIN OJT Participant

1. Did you or your family receive aid anywhere within the last 6 months? ☐ **YES** ☐ **NO**

If "YES", specify under what name, where, when and type(s) of aid you got.

2. List the children who are living with you, that you pay child care for and list their child care provider(s).

(Include children who receive Foster Care or SSI benefits.)

A. CHILD'S NAME | BIRTH DATE | SOCIAL SECURITY NUMBER — —

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO APPLICANT

CITIZENSHIP/IMMIGRATION STATUS

☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

Is this child disabled or under court supervision? ☐ **YES** ☐ **NO**

If "YES", explain and attach proof:

PROVIDER'S NAME | PROVIDER'S ADDRESS NUMBER STREET

PROVIDER'S PHONE ( ) | CITY STATE ZIP CODE

TYPE OF PROVIDER

☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S HOME ☐ EXEMPT – CENTER OPERATED BY SCHOOL EMPLOYEES

☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE CHILD'S HOME

HOURS OF CARE

☐ MORE THAN 147 HOURS PER MONTH (Full-time) ☐ 147 HOURS OR LESS PER MONTH (Part-time)

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?

$_____ per ☐ hour ☐ day ☐ week ☐ month

DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?

☐ YES (If "YES", attach proof) ☐ NO

☐ Child Under Age 13
☐ Foster Child
☐ SSI
☐ Was in AFDC/AU
☐ Over 13
☐ Disabled
☐ Court Supervision

B. CHILD'S NAME | BIRTH DATE | SOCIAL SECURITY NUMBER — —

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO APPLICANT

CITIZENSHIP/IMMIGRATION STATUS

☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

Is this child disabled or under court supervision? ☐ **YES** ☐ **NO**

If "YES", explain and attach proof:

PROVIDER'S NAME | PROVIDER'S ADDRESS NUMBER STREET

PROVIDER'S PHONE ( ) | CITY STATE ZIP CODE

TYPE OF PROVIDER

☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S HOME ☐ EXEMPT – CENTER OPERATED BY SCHOOL EMPLOYEES

☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE CHILD'S HOME

HOURS OF CARE

☐ MORE THAN 147 HOURS PER MONTH (Full-time) ☐ 147 HOURS OR LESS PER MONTH (Part-time)

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?

$_____ per ☐ hour ☐ day ☐ week ☐ month

DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?

☐ YES (If "YES", attach proof) ☐ NO

☐ Child Under Age 13
☐ Foster Child
☐ SSI
☐ Was in AFDC/AU
☐ Over 13
☐ Disabled
☐ Court Supervision

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS

INSTRUCTIONS: *If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of any earnings, and hours worked.*

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your Family Fee will be.

If you need help or have questions, ask the TCC worker.

COUNTY USE ONLY

Date Received:

Written Request:

Verbal Request:

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER
		___ ___

CASE NAME:

HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE

CASE NUMBER:

HOME PHONE	WORK PHONE
( )	( )

1. List the children who are living with you, that you pay child care for, and list their child care provider.

☐ AFDC received 3 out of last 6 months. Former GAIN OJT Participant

A. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE	**CITY**	**STATE**	**ZIP CODE**
( )			

TYPE OF PROVIDER
☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S HOME ☐ EXEMPT – CENTER OPERATED BY SCHOOL
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE CHILD'S HOME EMPLOYEES

HOURS OF CARE
☐ MORE THAN 147 HOURS PER MONTH (FULL TIME) ☐ 147 HOURS OR LESS PER MONTH (PART TIME)

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?
$_____ per ☐ hour ☐ day ☐ week ☐ month	☐ YES (If "YES", attach proof) ☐ NO

A.
☐ Child Under Age 13 ☐ Over Age 13
☐ Foster Child ☐ Disabled
☐ SSI ☐ Court
☐ Was in AFDC AU Supervision

B. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE	**CITY**	**STATE**	**ZIP CODE**
( )			

TYPE OF PROVIDER
☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S HOME ☐ EXEMPT – CENTER OPERATED BY SCHOOL
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE CHILD'S HOME EMPLOYEES

HOURS OF CARE
☐ MORE THAN 147 HOURS PER MONTH (FULL TIME) ☐ 147 HOURS OR LESS PER MONTH (PART TIME)

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?
$_____ per ☐ hour ☐ day ☐ week ☐ month	☐ YES (If "YES", attach proof) ☐ NO

B.
☐ Child Under Age 13 ☐ Over Age 13
☐ Foster Child ☐ Disabled
☐ SSI ☐ Court
☐ Was in AFDC AU Supervision

C. CHILD'S NAME

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE	**CITY**	**STATE**	**ZIP CODE**
( )			

TYPE OF PROVIDER
☐ LICENSED FAMILY DAY CARE ☐ EXEMPT – IN CHILD'S HOME ☐ EXEMPT – CENTER OPERATED BY SCHOOL
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE CHILD'S HOME EMPLOYEES

HOURS OF CARE
☐ MORE THAN 147 HOURS PER MONTH (FULL TIME) ☐ 147 HOURS OR LESS PER MONTH (PART TIME)

WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?	DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?
$_____ per ☐ hour ☐ day ☐ week ☐ month	☐ YES (If "YES", attach proof) ☐ NO

C.
☐ Child Under Age 13 ☐ Over Age 13
☐ Foster Child ☐ Disabled
☐ SSI ☐ Court
☐ Was in AFDC AU Supervision

☐ Ages Verified
☐ Citizenship/Alien Status Verified
☐ Relationships Verified

2. Did anyone move into or out of your home after AFDC benefits stopped? ☐ YES ☐ NO
(Include anyone who entered or left the home, a newborn, or anyone who died).
If "YES", complete below:

NAME	RELATIONSHIP TO YOU	WHAT HAPPENED	DATE

Total Number of TCC Family Members:

3. Complete the information below for anyone who works or expects to work.

- Include all earnings and tips. Attach paystubs or other proof of earnings.
- If self-employed, list business expenses on a separate sheet of paper and attach proof.

NAME	EMPLOYER'S NAME		
DATE(S) JOB STARTED OR STOPPED	EMPLOYER'S ADDRESS	NUMBER	STREET
WORK SCHEDULE	CITY	STATE	ZIP CODE
	DAYS WORKED PER MONTH	HOURS WORKED PER MONTH	
HOW OFTER ARE YOU PAID? ☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	AMOUNT BEFORE DEDUCTIONS $	TIPS OR COMMISSIONS? ☐ YES $ _____ AMOUNT ☐ NO	

NAME	EMPLOYER'S NAME		
DATE(S) JOB STARTED OR STOPPED	EMPLOYER'S ADDRESS	NUMBER	STREET
WORK SCHEDULE	CITY	STATE	ZIP CODE
	DAYS WORKED PER MONTH	HOURS WORKED PER MONTH	
HOW OFTER ARE YOU PAID? ☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	AMOUNT BEFORE DEDUCTIONS $	TIPS OR COMMISSIONS? ☐ YES $ _____ AMOUNT ☐ NO	

Total Gross Earned Income $
☐ Verified
Average Monthly Income: $

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
- I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
- I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
- I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON		DATE SIGNED

COUNTY USE ONLY

CASE NAME	CASE NO.	
Approved ☐ Denied ☐	TCC BEGINS	TCC ENDS
REASON FOR DENIAL		
TCC WORKER		DATE
SUPERVISOR		DATE
COMMENTS:		

REQUEST FOR TRANSITIONAL CHILD CARE (TCC) PAYMENT

Instructions: Complete and return this request to your TCC Worker. You will not get a TCC payment unless a request is received for each month. Your last request for TCC payment must be received by the last day of the month following the month your TCC stops. Part A must be completed by you and Part B, on the back of this form, by the Child Care Provider. Use a separate form for each child care provider.

NEED HELP? ASK YOUR TCC WORKER.

MONTH OF CARE:

COUNTY USE ONLY

Date received:

Worker Number:

Case Number:

PART A - RECIPIENT FILLS IN THIS SECTION.

NAME (FIRST, MIDDLE, LAST)	HOME ADDRESS NUMBER STREET
1.	
HOME PHONE ( ) / WORK PHONE ( )	CITY STATE ZIP CODE

2. List each family member who worked and the hours worked this month. Attach proof.

NAME	Hours Worked Per Week				
	Week 1	Week 2	Week 3	Week 4	Week 5
NAME	Hours Worked Per Week				
	Week 1	Week 2	Week 3	Week 4	Week 5

☐ Total Hours Worked Verified

3. My family's income has dropped and I want my Family Fee refigured. ☐ YES ☐ NO
If "YES", explain:

4. I paid child care costs for this month. ☐ YES ☐ NO
If "YES", complete below.

CHILD'S NAME	BIRTHDATE	PROVIDER'S NAME	AMOUNT OWED	AMOUNT PAID

☐ RMR Verified
Due to child's birthday or change in provider

5. My child care provider has changed since my last request for a TCC payment. ☐ YES ☐ NO
If "Yes", your new provider must be approved before you can get a payment.

6. My child care provider requires advance payment and I am requesting an advance. ☐ YES ☐ NO

7. I paid an application, registration or service fee. ☐ YES ☐ NO
(Include supply or cot fees, etc.)
If "YES", complete below and attach proof.

☐ Fee Verified

Type of Fee And Time Period It Covers	Provider's Name	Amount Charged	Date Paid

CERTIFICATION

I understand that:

- Any statements made on this form may be checked and verified.
- The child care provider must have a license or be exempt from having a license in order for me to get a TCC payment.
- The County will pay TCC benefits only for hours of child care reasonably related to the hours I work and my transportation time.
- I must tell my TCC worker within 10 days of any change in my income, work hours or family. I must also tell my worker when I am getting other help paying my child care costs.
- I can choose the child care provider who is best for me and my child(ren) and the County may visit the child care site.
- I must pay child care rates which are no greater than the same as rates billed by the child care provider for services given to other children.
- The child care payment reported on this form may be reported to the appropriate federal and state agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must repay any TCC money I am not entitled to get.
- The County does not act as the child care provider's employer; and does not have a business or contractual relationship with the child care provider when a TCC payment is paid.
- If I choose child care in my home, I am the employer and am responsible for social security tax. I also understand that depending on how many hours I have them work, I may have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes.
- I authorize the County to obtain any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF RECIPIENT | DATE

3. List all other persons living in your home (include other children not listed above, parents, stepparents, grandparents, etc.)

COUNTY USE ONLY

NAME (FIRST, MIDDLE, LAST) | BIRTHDATE | SOCIAL SECURITY NUMBER — —

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO CHILD(REN)

CITIZENSHIP/IMMIGRATION STATUS
☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

☐ Was in AFDC/AU

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

NAME (FIRST, MIDDLE, LAST) | BIRTHDATE | SOCIAL SECURITY NUMBER — —

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO CHILD(REN)

CITIZENSHIP/IMMIGRATION STATUS
☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

☐ Was in AFDC/AU

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

NAME (FIRST, MIDDLE, LAST) | BIRTHDATE | SOCIAL SECURITY NUMBER — —

BIRTHPLACE (CITY/STATE) | RELATIONSHIP TO CHILD(REN)

CITIZENSHIP/IMMIGRATION STATUS
☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Refugee ☐ Other (Specify)

☐ Was in AFDC/AU

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

4. Did anyone move into or out of your home since AFDC benefits stopped? ☐ **YES** ☐ **NO**
(Include newborns or anyone who died.)

Total number of TCC family members:

NAME:	RELATIONSHIP TO YOU	WHAT HAPPENED	DATE

5. Complete the information below for anyone who works or expects to work.

- Include all earnings and tips. Attach paystubs or other proof of earnings.
- If self-employed, list business expenses on a separate sheet of paper and attach proof.

NAME | EMPLOYER'S NAME

DATE(S) JOB STARTED OR STOPPED | EMPLOYER'S ADDRESS NUMBER STREET

WORK SCHEDULE | CITY STATE ZIP CODE

DAYS WORKED PER MONTH | HOURS WORKED PER MONTH

HOW OFTER ARE YOU PAID? ☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY | AMOUNT BEFORE DEDUCTIONS $ | TIPS OR COMMISSIONS? ☐ YES $ ______ AMOUNT ☐ NO

NAME | EMPLOYER'S NAME

DATE(S) JOB STARTED OR STOPPED | EMPLOYER'S ADDRESS NUMBER STREET

WORK SCHEDULE | CITY STATE ZIP CODE

DAYS WORKED PER MONTH | HOURS WORKED PER MONTH

HOW OFTER ARE YOU PAID? ☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY | AMOUNT BEFORE DEDUCTIONS $ | TIPS OR COMMISSIONS? ☐ YES $ ______ AMOUNT ☐ NO

☐ Income Verified
Total Gross Earned Income: $
Average Monthly Income: $

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
- I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
- I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
- I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT | DATE SIGNED | PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON | DATE SIGNED

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

Month 1	Month 2	Month 3

THIS STATUS REPORT IS FOR THE MONTHS OF:

RETURN THIS FORM NO LATER THAN THE 21ST DAY OF_____.

IMPORTANT: COMPLETE, SIGN, AND RETURN THIS REPORT TO YOUR TCC WORKER IN THE ENCLOSED ENVELOPE. Attach proof of your income and total work hours for the three months noted above. You will get only this one report which is due in the 4th month of your 12 month TCC eligibility period. If you do not complete and return the report, you will not get TCC benefits beginning with the 7th month of your eligibility period. If you have any questions regarding this form or the items to be reported, contact your TCC worker.

INSTRUCTIONS:
IF YOU WANT YOUR TCC TO STOP, PLEASE COMPLETE AND SIGN PART A.
IF YOU WANT YOUR TCC ELIGIBILITY TO CONTINUE, PLEASE COMPLETE AND SIGN PART B.

PART A. DISCONTINUANCE REQUEST

I request that my ***Transitional Child Care*** be stopped on the last day of_____.
Month Year

SIGNATURE | DATE

PART B. ELIGIBILITY STATUS INFORMATION

1. Did anyone receive any income, money, or benefits during the report period? ☐ Yes ☐ No
(This includes salaries, wages, tips, commissions, bonuses, and vacation pay.) If "YES", attach proof.
Or, if you gave the proof to your Transitional Medi-Cal (TMC) worker, check here ☐

Who Received Income, Money, or Benefits	Type of Income, Money or Benefits (see list above) and Source	Month 1	Month 2	Month 3
		Amount Before Deductions :$	Amount Before Deductions: $	Amount Before Deductions: $
		Hours Worked:	Hours Worked:	Hours Worked:
		Dates Received:	Dates Received:	Dates Received:
		Amount Before Deductions $	Amount Before Deductions: $	Amount Before Deductions: $
		Hours Worked:	Hours Worked:	Hours Worked:
		Dates Received:	Dates Received:	Dates Received:
		Amount Before Deductions: $	Amount Before Deductions: $	Amount Before Deductions: $
		Hours Worked:	Hours Worked:	Hours Worked:
		Dates Received:	Dates Received:	Dates Received:
		Amount Before Deductions: $	Amount Before Deductions: $	Amount Before Deductions: $
		Hours Worked:	Hours Worked:	Hours Worked:
		Dates Received:	Dates Received:	Dates Received:

ATTACHMENT II

SUMMARY OF THE TCC NOA MESSAGES

The following is a list of all NOA messages used in the TCC program:

M47-120 (Rev.8/94) Denial - Ineligible for TCC

M47-120A (Rev.8/94) Disc. - Ineligible for TCC

M47-125 (Rev.8/94) Approve - Eligible for TCC

M47-125A (New 8/94) Approve - Eligible for TCC and Advance Payment

M47-125B (New 8/94) Change - Change in TCC Eligibility Period

M47-130 (Rev.8/94) Change - Change in Family Fee

M47-140 (New 8/94) Denial - TCC Payment Denial

M47-145 (New 8/94) Change - TCC Payment Change

M47-145A (New 8/94) Approve - TCC Payment Approval (For counties to use only when they choose to approve the TCC payment every month.)

M47-155A (Rev.8/94) Change - Change in TCC Payment Limit

M47-155B (New 8/94) Approve - Eligible for TCC Payment of Registration Fee

M47-155C (New 8/94) Denial - Ineligible for TCC Payment of Registration Fee

M47-165 (Rev.8/94) Change - Change in Method of Payment

M47-175 (New 8/94) Suspend - Incomplete TCC 43

M47-175A (New 8/94) Suspend - Incomplete TCC 85

M47-190 (Rev.8/94) Change - TCC Overpayment Adjustment

M47-190A (Rev.8/94) Demand - TCC Overpayment Demand Notice

M47-190B (Rev.8/94) Other - TCC Overpayment Computation

M47-190C (New 8/94) Demand - TCC Overpayment Demand Notice for Child Care Provider

M47-190D (New 8/94) Change - TCC Underpayment Adjustment

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

COUNTY OF

NOTICE OF ACTION

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your Transitional Child Care (TCC) Program.

Here's why:

- ☐ You can get TCC for only twelve months. Your twelve months are up.
- ☐ To get TCC, you must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.
- ☐ You are on cash aid. You can't get TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker.
- ☐ You are no longer working.
- ☐ To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you turn in the report, the County will review your case and notify you.
- ☐ You do not need child care since another adult in your home can provide child care.
- ☐ You did not help meet the Child Support rules. You should have:
- ☐ You cannot get TCC if you did not pay your family fee. You owe $ _____ to your child care provider. You must pay what you owe to your provider and give us proof; bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker.
- ☐ Other:

You have one month after the County stops your TCC to turn in all your Requests for TCC Payments (TCC 43).

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1 - 800 - 998 - 9114 for more information about the At Risk Child Care Program.

Rules: These rules apply. You may review them at your welfare office: MPP 47-120.1, 47-125.1, 47-150.1 47-170.1, 47-170.2, 47-175.2

M47-120A (8/94) DISCONTINUANCE - INELIGIBLE FOR TCC

State of California
Department of Social Services

Manual Msg. No.: M47-120
Action : Denial
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. :NA290
Effective Date :04/01/90
Revision Date :08/01/94

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: See Below

MESSAGE: The County has denied your application for the Transitional Child Care (TCC) Program dated _____.

Here's why:

To get TCC:

[ ] You had to be on AFDC in three of the last six months. You were not on aid for three months. (Reg Cite MPP 47-120.1)

[ ] You must stop getting AFDC due to more income or more work hours. You do not meet either of these reasons. (Reg. Cite MPP 47-120.1)

[ ] You must give us all the facts that we need to see if you could get TCC. You did not give us: _____ (Reg. Cite MPP 47-105.5)

[ ] You cannot have another adult in your home who can provide child care. (Reg. Cite MPP 47-120.1)

[ ] You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)

[ ] You had twelve months to apply for TCC after you stopped getting AFDC. You did not apply within those 12 months. (Reg. Cite MPP 47-125.1)

[ ] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have: _____

[ ] Other:

You may be able to get help to pay for your child care if you work <u>and</u>:

- You do <u>not</u> get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

COUNTY OF

NOTICE OF ACTION

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has denied your request for Transitional Child Care (TCC) dated_____.

Here's why:

To get TCC:

- ☐ You had to be on Federal AFDC in three of the last six months. You weren't on aid for three months.
- ☐ You must stop getting AFDC due to more income or more work hours. You don't meet either of these reasons.
- ☐ You must give us all the facts that we need to see if you could get TCC. You didn't give us:

- ☐ You cannot have another adult in your home who can provide child care.
- ☐ You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.
- ☐ You had twelve months to apply after you stopped getting AFDC. You did not apply within those twelve months.
- ☐ You did not help meet the Child Support rules. You should have:
- ☐ Other:

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1 - 800 - 998 - 9114 for more information about the At Risk Child Care Program.

Rules: These rules apply. You may review them at your welfare office: MPP 47-105.5, 47-120.1, 47-125.1, 47-170.2

State of California
Department of Social Services

Manual Msg. No.: M47-120A
Action : Disc.
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. :NA290
Effective Date :04/01/90
Revision Date :08/01/94

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: See Below

MESSAGE: As of _____, the County is stopping your Transitional Child Care (TCC) Program.

Here's why:

[ ] You can get TCC for only twelve months after your AFDC stopped. That twelve month period is over. (Reg. Cite MPP 47-125.1)

[ ] To get TCC, you must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)

[ ] You are on cash aid. You cannot get TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker. (Reg. Cite MPP 47-120.1)

[ ] You are no longer working. (Reg. Cite MPP 47-170.1)

[ ] To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you turn in the report, the county will review your case and notify you. (Reg. Cite MPP 47-175.2)

[ ] You do not need child care since another adult in your home can provide child care. (Reg. Cite MPP 47-120.1)

[ ] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have:_____

[ ] You cannot get TCC if you did not pay your family fee. You owe $____ to your child care provider. You must pay what you owe to your provider and give us proof; bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker. (Reg. Cite MPP 47-150.1)

[ ] Other:

You have one month after the County stops your TCC to turn in all your Requests for TCC Payments (TCC 43) for the months you were previously eligible for TCC.

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

INSTRUCTIONS: Use to discontinue TCC when the recipient becomes ineligible.

Fill in the date and check the box showing the appropriate reason for the TCC discontinuance.

For the non-compliance with the Child Support rules box, indicate what action was necessary.

For the non-payment of the family fee box, fill in the amount owed. (Note: When using this reason, the discontinuance date should be the first day of the month following 30 calendar days after the NOA is issued.)

For the "Other" box, indicate the reason for the action.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning _____ and ending _____.

Each month you must pay a fixed part of your child care costs. This is called a family fee. The box checked below applies to you:

☐ Based on your income of $_____ as shown below and family size of _____, your family fee is $_____.

_____ $ _____
_____ _____
_____ _____
Total Income: $ _____

☐ Your family fee has not yet been figured because you have not given us proof of your gross earnings. You cannot get any TCC payments until you give us this proof.

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

☐ Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit:
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____

☐ Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4,.7

State of California
Department of Social Services

Manual MSG. No.: M47-125
Action : Approve
Reason: TCC Eligible
Title: Eligible For TCC
Form No. : NA290
Effective Date : 04/01/90
Revision Date : 08/01/94

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: MPP 47-125.1, 47-130, 47-155.4,.7

MESSAGE: As of _____, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning _____ and ending _____.

Each month you must pay a fixed part of your child care costs. This is called a family fee. The box checked below applies to you:

[ ] Based on your income of $_____ as shown below and family size of _____, your family fee is $_____.

_____	$_____
_____	+_____
_____	+_____
Total Income =	$_____

[ ] Your family fee has not yet been figured because you have not given us proof of your gross earnings. You cannot get any TCC payments until you give us this proof.

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at any time for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The box checked below applies to you:

[ ] Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Full-Time Payment Limit:	Part-Time Payment Limit:
_____	_____	$_____	$_____
_____	_____	_____	_____
_____	_____	_____	_____

[] Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to approve a TCC application.

Fill in the date of approval and the begin and end dates of the 12-month eligibility period.

Check the appropriate box. If first box is checked, fill in the income, family size, and family fee; list each person with income and their gross income amount.

Check the appropriate box. If first box is checked, fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning _____ and ending _____.

The County has approved your request for an advance TCC payment. You can't get another TCC payment until you give us proof you have paid the child care for this month. You will have to pay back any money we advance to you that you do not use to pay for child care.

Each month you must pay a fixed part of your child care costs. This is called a family fee. Based on your income of $_____ as shown below and family size of _____, your family fee is $_____.

_____ $ _____
_____ _____
_____ _____
Total Income: $ _____

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit:
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Your advance TCC payment amount is figured on this notice.

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4,.7, 47-165.3

Child's Name:_____

TCC Payment Limit: $ _____
Anticipated Child Care Costs: $ _____

Subtotal — Lesser of two above = $ _____

Child's Name:_____

TCC Payment Limit: $ _____
Anticipated Child Care Costs: $ _____

Subtotal — Lesser of two above = $ _____

Total of All Subtotals = $ _____
Less Family Fee - _____
Less Overpayment Adjustment - _____
ADVANCE TCC PAYMENT = $ _____

State of California
Department of Social Services

Manual MSG. No.: M47-125A
Action : Approve
Reason: TCC Eligible
Title: Eligible For TCC and Advance TCC Payment
Form No. : NA290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: MPP 47-125.1, 47-130, 47-155.4,.7, 47-165.3

MESSAGE: As of _____, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning _____ and ending _____.

The County has approved your request for an advance TCC payment. You can't get another TCC payment until you give us proof you have paid the child care for this month. You will have to pay back any money we advance to you that you do not use to pay for child care.

Each month you must pay a fixed part of your child care costs. This is called a family fee. Based on your income of $_____ as shown below and family size of _____, your family fee is $_____.

_____	$_____
_____	+_____
_____	+_____
Total Income =	$_____

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Full-Time Payment Limit:	Part-Time Payment Limit:
_____	_____	$_____	$_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Your advance TCC payment amount is figured on this notice.

Child's Name: _____

TCC Payment Limit: $_____
Anticipated Child Care Costs: $_____

Subtotal - Lesser of two above = $_____

Child's Name: _____

TCC Payment Limit: $_____
Anticipated Child Care Costs: $_____

Subtotal - Lesser of two above = $_____

Total of All Subtotals = $_____
Less Family Fee - _____
Less Overpayment Adjustment - _____
ADVANCE TCC PAYMENT = $_____

INSTRUCTIONS: Use to approve a TCC application and an advance TCC payment.

Fill in the date of approval and the begin and end date of the 12 month eligibility period.

Fill in the income, family size, and family fee; and list each person with income and their gross income amount. Fill in the total of the TCC family's income.

Fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

Complete the applicable computation(s).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the months that you may get Transitional Child Care (TCC) has changed. You may now get TCC for the twelve month period beginning_____

and ending _____.

Heres why:

Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.

The amount of your family fee and payment limits has not changed.

You must turn in a Request for TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments (TCC 43).

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1

State of California
Department of Social Services

Manual MSG. No.: M47-125B
Action : Change
Reason: TCC Eligible
Title: Change in TCC Eligibility Period
Form No. : NA290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: MPP 47-125.1

MESSAGE: As of _____, the months that you may get Transitional Child Care (TCC) has changed. You may now get TCC for the twelve month period beginning _____ and ending _____.

Here's why:

Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.

The amount of your family fee and payment limits has not changed.

You must turn in a Request For TCC Payment for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to change a TCC eligibility period.

Fill in the date of the action. Fill in the revised beginning and ending date of the TCC eligiblity period.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing the amount of the family fee you must pay each month to your child care provider for the Transitional Child Care (TCC) Program from $_____ to $ _____.

Here's why:

We have refigured your family fee based on your income of $_____ and family size of _____.

_____	$ _____
_____	_____
_____	_____
Total Income:	$ _____

Your family fee may be refigured. If your income or your family changes, you can ask at anytime for your family fee to be refigured.

Rules: These rules apply. You may review them at your welfare office: MPP 47-130.1

State of California
Department of Social Services

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-130.1

Manual Msg. No.: M47-130
Action : Change
Reason: TCC Eligible
Title: Change in Family Fee
Form No. : NA 290
Effective Date : 04/01/90
Revision Date : 08/01/94

MESSAGE: As of _____, the County is changing the amount of the family fee you must pay each month to your child care provider for the Transitional Child Care (TCC) Program from $_____ to $_____.

Here's Why:

We have refigured your family fee based on your income of $_____ and family size of _____.

_____	$	_____
_____	+	_____
_____	+	_____
Total Income =	$	_____

Your family fee must be paid each month to your child care provider.

INSTRUCTIONS: Use to change the amount of the family fee.

Fill in the effective date of change in family fee amount. Fill in the old and new amounts. Fill in the income amount and family size. Identify each person and their income.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County has denied your request for Transitional Child Care (TCC) Payment (TCC 43) for the month of _____.

Here's why:

- ☐ You were not working.
- ☐ Your child care provider is your child's parent or legal guardian or is a member of your TCC family.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ Your family fee is higher than your child care costs.
- ☐ Your Request for TCC Payment was later than one month after your TCC stopped.
- ☐ Other:

If you have any questions, call your worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-120.151, 47-140.2, 47-155.41, 47-165.62

State of California
Department of Social Services

Manual Msg. No.: M47-140
Action : Denial
Reason: TCC Eligible
Title: TCC Payment Denial
Form No. :NA290
Effective Date :08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: See below.

MESSAGE: As of _____, the County has denied your Request for Transitional Child Care (TCC) Payment (TCC 43) for the month of _____.

Here's why:

[ ] You were not working. (Reg. Cite MPP 47-120.151)

[ ] Your child care provider is not 18 years old or older. (Reg. Cite MPP 47-140.21)

[ ] Your child care provider is your child's parent or legal guardian or is a member of your TCC family. (Reg. Cite MPP 47-140.22 and .23)

[ ] Your child care provider does not have a day care license and must have one. (Reg. Cite MPP 47-140.24)

[ ] Your family fee is higher than your child care costs. (Reg. Cite MPP 47-155.41)

[ ] Your Request for TCC Payment was later than one month after your TCC stopped. (Reg. Cite MPP 47-165.62)

[ ] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a TCC payment request.

Fill in the date of the action and the appropriate month of request.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your payment for Transitional Child Care (TCC) for the month of _____ has been approved for the amount of $_____. This amount is less than you asked for.

Here's why:

- ☐ You did not give us a Request for TCC Payment (TCC 43) form for each of your child care providers.
- ☐ One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.
- ☐ One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- ☐ You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.
- ☐ All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.
- ☐ Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.
- ☐ Other:

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what you paid for your child care minus your family fee or the payment limit, whichever is less.

You must turn in a Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-145.1, 47-155

Child's Name: _____

TCC Payment Limit:		$ _____
Actual Child Care Costs		$ _____
Subtotal - Lesser of two above	=	$ _____

Child's Name: _____

TCC Payment Limit:		$ _____
Actual Child Care Costs		$ _____
Subtotal - Lesser of two above	=	$ _____

Child's Name: _____

TCC Payment Limit:		$ _____
Actual Child Care Costs		$ _____
Subtotal - Lesser of two above	=	$ _____

Total of All Subtotals	=	$ _____
Less Family Fee	-	$ _____
Less Overpayment Adjustment	-	$ _____
Less Advance Payment	-	$ _____
MONTHLY TCC PAYMENT	=	$ _____

State of California
Department of Social Services

Manual Msg. No.: M47-145
Action : Change
Reason : TCC Payment Change
Title : TCC Payment Change
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-145.1, 47-155

MESSAGE: Your payment for Transitional Child Care (TCC) for the month of _____ has been approved for the amount of $_____. This amount is less than you asked for.

Here's why:

[ ] You did not give us a Request for TCC Payment form for each of your child care providers.

[ ] One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.

[ ] One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.

[ ] You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.

[ ] All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.

[ ] Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.

[ ] Other:

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what you paid for your child care minus your family fee or the payment limit, whichever is less.

You must turn in a Request for Transitional Child Care (TCC) Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

Child's Name: _____

TCC Payment Limit: $_____
Actual Child Care Costs: $_____

Subtotal - Lesser of two above = $_____

Child's Name: _____

TCC Payment Limit: $_____
Actual Child Care Costs: $_____

Subtotal - Lesser of two above = $_____

Total of All Subtotals = $_____
Less Family Fee - _____
Less Overpayment Adjustment - _____
Less Advance Payment - _____
MONTHLY TCC PAYMENT = $_____

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient when the amount of the TCC payment is less than the amount claimed but is within the rate ceiling. Send this NOA at the same time as the payment. If you are approving the payment for the entire amount claimed, use the M47-145A.

Fill in the month of the action and the payment amount.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

Complete the applicable computation(s).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your payment for Transitional Child Care (TCC) for the month of _____ has been approved for the amount of $_____.

The County will only pay child care for days and hours you were working and only up to the payment limit set by the State of California. The payment limit is based on the child's age, the type of child care provider, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what your child care costs are minus your family fee or the payment limit, whichever is less.

You must turn in a completed Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

If you have any questions, call your TCC worker.

Child's Name: _____

TCC Payment Limit: $ _____
Actual Child Care Costs $ _____

Subtotal - Lesser of two above = $ _____

Child's Name: _____

TCC Payment Limit: $ _____
Actual Child Care Costs $ _____

Subtotal - Lesser of two above = $ _____

Child's Name: _____

TCC Payment Limit: $ _____
Actual Child Care Costs $ _____

Subtotal - Lesser of two above = $ _____

Total of All Subtotals = $ _____
Less Family Fee - $ _____
Less Overpayment Adjustment - $ _____
Less Advance Payment - $ _____
MONTHLY TCC PAYMENT = $ _____

Rules: These rules apply. You may review them at your welfare office: MPP 47-145, 47-150.

State of California
Department of Social Services

Manual Msg. No.: M47-145A
Action : Approve
Reason : TCC Payment Approval
Title : TCC Payment Approval
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-145, 47-150

MESSAGE: Your payment for Transitional Child Care (TCC) for the month of _____ has been approved in the amount of $_____.

The County will only pay child care for days and hours you were working and only up to the payment limit set by the State of California. The payment limit is based on the child's age, the type of child care provider, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what your child care costs are minus your family fee or the payment limit, whichever is less.

You must turn in a completed Request for Transitional Child Care (TCC) Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

Child's Name:	_____	_____	_____
Payment Limit	$_____	$_____	$_____
Actual Child Care Costs	$_____	$_____	$_____
Lesser Amount of Two Above			
Total for All Children		= $_____	
Less Your Family Fee		- $_____	
Less Overpayment Adjustment		- _____	
Less Advance Payment		- _____	
MONTHLY TCC PAYMENT		= $_____	

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a TCC payment only if you send an approval every month as in SAWS. Send this NOA at the same time as the payment. If you are not approving the entire amount requested on TCC 43, use the M47-145.

Fill in the month of the action and the payment amount.

Complete the applicable computations(s).

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
  - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for child in your home who gets Supplemental Security Income (SSI) or Foster care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid when the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request for TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing the most we will pay for your Transitional Child Care (TCC). There is no change in your family fee .

Here's why:

- ☐ Your child's care provider has changed.
- ☐ Your child's age has changed.
- ☐ Your child has a change in the hours of care.
- ☐ The TCC payment limit set by the State of California has changed.
- ☐ Other:

The most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit:
_____	_____	$ _____
_____	_____	_____
_____	_____	_____

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately of any changes.

If you think this notice is wrong, call your worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.1, 47-155.4, 47-155.7.

State of California
Department of Social Services

Manual Msg. No.: M47-155A
Action : Change
Reason : TCC Eligible
Title : Change in TCC Payment Limit
Form No. : NA 290
Effective Date : 04/01/90
Revision Date : 08/01/94

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-155.1,.4,.7

MESSAGE: As of _____, the County is changing the most we will pay for your Transitional Child Care (TCC). There is no change in your family fee.

Here's Why:

[ ] Your child's care provider has changed.

[ ] Your child's age has changed.

[ ] Your child has a change in the hours of care.

[ ] The TCC payment limit set by the State of California has changed.

[ ] Other:

The most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Full-Time Payment Limit:	Part-Time Payment Limit:
_____	_____	$_____	$_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately of any changes.

If you think this notice is wrong, call your worker.

INSTRUCTIONS: Use to change the maximum amount that the County will pay for a child's TCC.

Fill in the effective date of change in TCC. Fill in the child's name, the old maximum, and the new maximum amounts.

Check the appropriate Box. If the "Other" box is checked, fill in the reason. Identify each eligible child, eligible child care provider and the appropriate rate ceiling. If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County has approved your request for a Transitional Child Care (TCC) payment for $_____ for the application, registration, or service fee(s) charged by your child care provider(s)

If you have any questions, call your worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.5

State of California
Department of Social Services

Manual Msg. No.: M47-155B
Action : Approve
Reason : TCC Eligible
Title: Eligible for Payment
Of Registration Fee

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-155.5

Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

MESSAGE: As of _____, the County has approved your request for a Transitional Child Care (TCC) payment for $ _____ for the application, registration, or service fee(s) charged by your child care provider(s).

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a request for payment of one-time-only registration, application, or service fee.

Fill in the effective date and the amount of payment.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____ , the County has denied your request for a Transitional Child Care (TCC) payment of the application, registration, or service fee charged by your child care provider.

Here's why:

- ☐ You already paid the fee to the same child care provider for the same child during the same time period.
- ☐ The fee is charged by your child care provider more than once a year and must be added to your monthly child care costs and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.
- ☐ You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.
- ☐ Your child care provider does not have a day care license and cannot charge a fee.
- ☐ Other:

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.5.

State of California
Department of Social Services

Manual Msg. No.: M47-155C
Action : Denial
Reason : TCC Eligible
Title: Ineligible for Payment of Registration Fee
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-155.5

MESSAGE: As of _____, the County has denied your request for a Transitional Child Care (TCC) payment of the application, registration, or service fee charged by your child care provider.

Here's Why:

[ ] You already paid the fee to the same child care provider for the same child during the same time period.

[ ] The fee is charged by your child care provider more than once a year, must be added to your monthly child care costs, and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.

[ ] You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.

[ ] Your child care provider does not have a day care license and cannot charge a fee.

[ ] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a request for TCC payment of a registration, application, or service fee. One-time-only fees are approvable using county administrative costs according to MPP 47-155.5.

Fill in the effective date.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing how your Transitional Child Care (TCC) will be paid.

Here's why:

☐ You will not be paid directly for the County share of your child care costs. Your TCC will be paid by a:

- ☐ Vendor payment.
- ☐ Two-party check.
- ☐ Voucher payment.
- ☐ Other:

☐ You will now be paid directly for the County share of your child care costs. You must pay your child care provider.

Rules: These rules apply. You may review them at your welfare office: MPP 47-165.1, 47-165.4.

State of California
Department of Social Services

Manual Msg. No.: M47-165
Action : Change
Reason : TCC Eligible
Title : Change in Method of Payment

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-165.1, .4

Form No. : NA 290
Effective Date : 04/01/90
Revision Date : 08/01/94

MESSAGE: As of _____, the County is changing how your Transitional Child Care (TCC) will be paid.

Here's Why:

[ ] You will not be paid directly for the County share of your child care costs. Your TCC will be paid by a:

- [ ] Vendor payment.
- [ ] Two-party check.
- [ ] Voucher payment.
- [ ] Other:

[ ] You will now be paid directly for the County share of your child care costs. You must pay your child care provider.

INSTRUCTIONS: Use to change the method of payment for TCC.

Fill in the effective date of the change.

Check the appropriate box.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of _____ is not complete.

You will not get a TCC payment unless you send or bring in a completed TCC 43. If you complete the circled items on the enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.

Comments:

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-175.1.

State of California
Department of Social Services

Manual Msg. No.: M47-175
Action: TCC Payment Suspense
Reason: Incomplete TCC 43
Title : Incomplete TCC 43
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite : 47-175.1

MESSAGE: The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of _____ is not complete.

You will not get a TCC payment unless you send or bring in a completed TCC 43. If you complete the circled items on the enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.

Comments:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 43. Circle any incomplete items and return the TCC 43 with this NOA.

Fill in the payment request month.

This NOA must be sent within ten calendar days after the receipt of a Request for TCC Payment (TCC 43).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The Transitional Child Care (TCC) Status Report (TCC 85) you sent in is not complete. You will not get a TCC payment beginning _____, the seventh month of your TCC eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-175.2.

State of California
Department of Social Services

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite : MPP 47-175.2

Manual Msg. No.: M47-175A
Action: TCC Suspense
Reason: Incomplete TCC 85
Title : Incomplete TCC 85
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

MESSAGE: The Transitional Child Care (TCC) Status Report (TCC 85) you sent in is not complete. You will not get a TCC payment beginning _____ , the seventh month of your TCC eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 85. Circle any incomplete items and return the TCC 85 with this NOA.

Fill in the seventh month of the TCC eligibility period.

This NOA must be sent within ten calendar days after the receipt of an incomplete Transitional Child Care (TCC) Status Report (TCC 85).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____ , the County will lower your Transitional Child Care (TCC) money by $_____ each month.

Here's why:

You were overpaid $_____ . You should have gotten $_____ of TCC money, but you got $_____ .

This notice shows the money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Your monthly TCC payment(s) will be reduced each month, until the amount you owe is paid back. If you go off TCC before your overpayment is paid back, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions call your TCC worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on TCC, the County can collect the overpayment by lowering your monthly benefit. If you go off TCC before the overpayment is paid back, the County may take what you owe out of your state income tax refund.

Rules: These rules apply. You may review them at your welfare office: MPP 47-190.1, 47-190.2, 47-190.3.

OVERPAYMENT COMPUTATION

Month and Year _____

Gross Income $ _____
Family Size _____
Family Fee $ _____

Child's Name _____ _____ _____
Max. TCC Allowed $ _____ _____ _____
Subtotal A $ _____
Child Care Cost $ _____ _____ _____
Subtotal B $ _____
Less Family Fee –
Subtotal C $ _____
TCC Paid $ _____
Less Correct TCC
(Lesser of A or C) –
TCC Overpayment $ _____

Month and Year _____

Gross Income $ _____
Family Size _____
Family Fee $ _____

Child's Name _____ _____ _____
Max. TCC Allowed $ _____ _____ _____
Subtotal A $ _____
Child Care Cost $ _____ _____ _____
Subtotal B $ _____
Less Family Fee –
Subtotal C $ _____
TCC Paid $ _____
Less Correct TCC
(Lesser of A or C) –
TCC Overpayment $ _____

MONTHLY ADJUSTMENT

Overpayment Total (All Months) $ _____
☐ Agency Error
☐ Client Error
Monthly Adjustment Amount $ _____

State of California
Department of Social Services

Manual Msg. No.: M47-190
Action : Change
Reason: TCC Overpayment
Title : TCC Overpayment Adjustment
Auto ID No. :
Flow Chart No. :
Source : TCC
Form No. : NA 290
Effective Date : 04/01/90
Revision Date : 08/01/94
Regulation Cite : MPP 47-190.1, 47-190.2, 47-190.3

MESSAGE: As of _____, the County will lower your Transitional Child Care (TCC) money by $_____ each month.

Here's why:

You were overpaid $_____. You should have gotten $_____ of TCC money, but you got $_____.

The following page shows the money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Your monthly TCC payment(s) will be reduced each month, until the amount you owe is paid back. If you go off TCC before your overpayment is paid back, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your TCC worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on TCC, the County can collect the overpayment by lowering your monthly benefit. If you go off TCC before the overpayment is paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS: Use to notify client of an overpayment and subsequent benefit adjustment. Use with M47-190B, the TCC Overpayment Computation.

Fill in the effective date of the TCC payment change and the reduction amount.

Fill in the amount of the overpayment and the old and new amounts.

Complete the overpayment computation(s) from M47-190B.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

While you were getting Transitional Child Care (TCC) money, you were overpaid. Though you no longer get TCC money, you still owe us for your overpayment. The amount of your overpayment is $_____ and is due now.

This notice shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Since you no longer get TCC money, you must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the county will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. Since you have gone off TCC before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

Rules: These rules apply. You may review them at your welfare office: MPP 47-190.1, 47-190.2, 47-190.4.

OVERPAYMENT COMPUTATION

Month and Year _____

Gross Income $ _____
Family Size _____
Family Fee $ _____

Child's Name _____ _____ _____
Max. TCC Allowed $ _____ _____ _____
Subtotal A $ _____
Child Care Cost $ _____ _____ _____
Subtotal B $ _____
Less Family Fee –
Subtotal C $ _____
TCC Paid $ _____
Less Correct TCC
(Lesser of A or C) –
TCC Overpayment $ _____

Month and Year _____

Gross Income $ _____
Family Size _____
Family Fee $ _____

Child's Name _____ _____ _____
Max. TCC Allowed $ _____ _____ _____
Subtotal A $ _____
Child Care Cost $ _____ _____ _____
Subtotal B $ _____
Less Family Fee –
Subtotal C $ _____
TCC Paid $ _____
Less Correct TCC
(Lesser of A or C) –
TCC Overpayment $ _____

MONTHLY ADUSTMENT

Overpayment Total (All Months) $ _____
☐ Agency Error
☐ Client Error
Monthly Adjustment Amount $ _____

State of California
Department of Social Services

Manual Msg. No.: M47-190A
Action : Demand
Reason: TCC Overpayment
Title : TCC Demand Notice
Form No. : NA 290
Effective Date : 04/01/90
Revision Date : 08/01/94

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-190.1, 47-190.2, 47-190.4

MESSAGE: While you were getting Transitional Child Care (TCC) money, you were overpaid. Though you no longer get TCC money, you still owe us for your overpayment. The amount of your overpayment is $_____ and is due now.

The next page shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Since you no longer get TCC money, you must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. Since you have gone off TCC before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS: Use to notify a former TCC recipient of an overpayment and subsequent demand for repayment. Use with M47-190B, the TCC Overpayment Computation.

Fill in the amount of overpayment.

Complete the overpayment computation(s) from M47-190B.

State of California
Department of Social Services

Manual Msg. No.: M47-190B
Action : Other
Reason: TCC Overpayment
Title : TCC Overpayment Computation
Form No. : NA 270
Effective Date : 04/01/90
Revision Date : 08/01/94

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-190.2

OVERPAYMENT COMPUTATION:

Month and Year _____

Child's Name	_____	_____	_____
Max. TCC Allowed (75th RMR)	$_____	$_____	$_____
SUBTOTAL A		$_____	
Actual Child Care Costs	$_____	$_____	$_____
SUBTOTAL B		= $_____	
Less Family Fee		-_____	
SUBTOTAL C		= $_____	

TCC Paid $_____
Less Correct TCC (Lesser of A or C) -_____

TCC Overpayment = $_____

MONTHLY ADJUSTMENT

Overpayment Total (All Months) $_____
[ ] Agency Error
[ ] Client Error
Monthly Adjustment Amount $_____

INSTRUCTIONS: Use with M47-190 and M47-190A to provide overpayment computation(s).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You were overpaid Transitional Child Care (TCC) money for the _____ family for the month(s) of _____. The amount of your overpayment is $ _____ and is due now.

You directly received more TCC money than you were entitled to and the error was your fault.

The amount you were overpaid is figured on this notice.

You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the the date this notice was mailed. If you do not, the County will take action to collect.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how.

Overpayment Month and Year_____
TCC Payment amount $_____
Less Correct TCC Payment – _____
TCC Overpayment Amount = $_____

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.223, 47-190.225

State of California
Department of Social Services

Manual Msg. No.: M47-190C
Action : Demand
Reason: TCC Overpayment
Title : TCC Overpayment Demand Notice For Child Care Provider
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite: MPP 47-190.223, .225

MESSAGE: You were overpaid Transitional Child Care (TCC) money for the _____ family for the month(s) of _____. The amount of your overpayment is $_____ and is due now.

Here's why:

You got more TCC money than you were entitled to get and the error was your fault.

The amount you were overpaid is figured on this notice.

You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how.

Overpayment Month & Year _____

TCC Payment Amount $_____
Less Correct TCC Payment - _____
TCC Overpayment Amount = $_____

INSTRUCTIONS: Use to notify a child care provider of a TCC overpayment and the subsequent demand for repayment.

Fill in the case name, the appropriate month(s) and the amount of the overpayment.

Complete the overpayment computation(s).

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You were underpaid Transitional Child Care (TCC) money for the month(s) of _____ You were underpaid the amount of $_____.

Here's why:

You should have gotten $_____ of TCC money, but you got $_____ .

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any other child care overpayment amount that you owe before you receive any money.

The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were underpaid.

If you have any questions, call your TCC worker.

UNDERPAYMENT COMPUTATION

Month and Year				
Child's Name(s)				
Max. TCC Allowed (75th percentile)	$			
SUBTOTAL A		$		
Actual Child Care Costs	$			
SUBTOTAL B		$		
Less Family Fee	–	$		
SUBTOTAL C		$		
TCC Amount Paid		$		
Less Correct TCC (Smallest of A or C) –	-	$		
TCC Underpayment	=	$		

TOTAL UNDERPAYMENT FOR ALL MONTHS $ _____
Less Any Overpayment Owed -
TCC UNDERPAYMENT AMOUNT =$ _____

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.11

State of California
Department of Social Services

Manual Msg. No.: M47-190D
Action : Change
Reason: TCC Underpayment
Title : TCC Underpayment Adjustment
Form No. : NA 290
Effective Date : 08/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC
Regulation Cite : MPP 47-190.11

MESSAGE: You were underpaid Transitional Child Care (TCC) money for the month(s) of _____. You were underpaid the amount of $_____.

Here's why:

You should have gotten $_____ of TCC money, but you got $_____.

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any other child care overpayment amount that you owe before you receive any money.

The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were underpaid.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify client of an underpayment. Use with the M47-190E, the TCC Underpayment Computation.

Fill in the underpayment month(s) and the total amount of the underpayment.

Fill in correct amount and the amount issued.

Complete the underpayment computation(s) from M47-190E.

State of California
Department of Social Services

Manual Msg. No.: M47-190E
Action : Other
Reason: TCC Underpayment
Title : TCC Underpayment Computation
Form No. : NA 200
Effective Date : 08/01/94
Revision Date :

Auto ID No. :

Source : TCC
Regulation Cite: MPP 47-190.1

UNDERPAYMENT COMPUTATION

Month and Year _____

Child's Name(s)		_____	_____	_____
Max. TCC Allowed (75th percentile)	$_____	_____	_____	
SUBTOTAL A		$_____		
Actual Child Care Costs	$_____	_____	_____	
SUBTOTAL B		$_____		
Less Family Fee		-_____		
SUBTOTAL C		$_____		

TCC Amount Paid	$_____	
Less Correct TCC (Lesser of A or C)	-_____	
TCC Underpayment	= $_____	

TOTAL UNDERPAYMENT AMOUNT FOR ALL MONTHS	$_____
Less Any Overpayment Owed	-_____
TCC UNDERPAYMENT PAYMENT AMOUNT	= $_____

INSTRUCTIONS: Use with M47-190D to provide underpayment computation to client.

Complete the underpayment computation.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your Transitional Child Care (TCC) benefits from $_____ to $_____.

Here's why:

You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.

If you lose your State Hearing and the hearing decision says the County was right in cutting the amount of your TCC benefits, you will have to pay back the extra TCC you get.

State of California
Department of Social Services

Manual Msg. No.: M47-APP1
Action : Change
Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290
Effective Date :08/01/94
Revision Date :

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: Division 22-022

MESSAGE: As of _____, the County is changing your Transitional Child Care (TCC) benefits from $_____ to $_____.

Here's why:

You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.

If you lose your State Hearing and the hearing decision says the County was right in cutting the amount of your TCC benefits, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to a reduction in TCC benefits.

Fill in the date of the action and the old and new TCC amounts.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____ , the County is placing you back on the Transitional Child Care (TCC) Program.

Here's why:

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

State of California
Department of Social Services

Manual Msg. No.: M47-APP2
Action : Restore
Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290
Effective Date :08/01/94
Revision Date :

Auto ID No. :
Flow Chart No.:
Source : TCC
Regulation Cite: Division 22-022

MESSAGE: As of _____, the County is placing you back on the Transitional Child Care (TCC) Program.

Here's why:

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to the discontinuance of TCC benefits.

Fill in the date of the action.